

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Michael G Mulligan

Mailing Address 614 Shadewood Ct

City

Gahanna

State

OH

Zip Code

43230-5093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Physician Anesthesia Services

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2011

Transaction ID : T45829

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey Steven Sams

Mailing Address 609 River Trace

City

Westerville

State

OH

Zip Code

43081-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jeffrey Steven Sams MD

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2011

Transaction ID : T45853

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Gayle Anne Galan

Mailing Address 1742 Rock Hill Ln

City

Akron

State

OH

Zip Code

44313-8019

FEC ID number of contributing
federal political committee.

C

Name of Employer

TeamHealth Midwest

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2011

Transaction ID : T45876

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00